

MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION

MCAH PROGRAM POLICIES AND PROCEDURES for LOCAL HEALTH JURISDICTIONS (LHJs)

Introduction

- These Policies and Procedures are to be followed for all issues pertaining to the Allocation Agreement between the MCAH Division of the California Department of Public Health (CDPH) and the local health jurisdictions (LHJs). These Policies and Procedures may be amended by subsequent Policy Letters. The Policies and Procedures Manual is available on the MCAH Division Web site under the heading for the current fiscal year. The MCAH Division web address for AFLP is: cdph.ca.gov/MCAH.

Click on the following links:

- MCAH Program and Fiscal Administration
- Program and Fiscal Policy and Procedures Manual
 - Choose FY 2010 - 2011

These Policies and Procedures apply to LHJ Programs funded through the CDPH MCAH Division, and include the local MCAH Program, Adolescent Family Life Program (AFLP), Black Infant Health (BIH) Program, Fetal Infant Mortality Review (FIMR) Program and Sudden Infant Death Syndrome (SIDS) Program.

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MCAH Program Mission

The mission of the CDPH MCAH Program is to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families.

MCAH Program Goals

- Ensure that all children are born with optimal health outcomes to healthy mothers
- Strive toward no health status disparities among racial/ethnic, gender, economic, and regional groups
- Provide a safe and healthy environment for women, children, and their families
- Provide equal access for all women, children, and their families to appropriate and needed care within an integrated and seamless system

Mandates and Regulations

In 1997, Section 123255 was added to the California Health and Safety Code. The statute specifies the structure and requirements for state-funded local MCAH programs. The following statutes and regulations are applicable to the state-funded local programs of the MCAH Division and the Children's Medical Services (CMS) Branch.

Statutes & Budget Acts

The following statutes and Budget Acts apply to the MCAH Program:

- California Health and Safety Code Section 123225-123255, Maternal and Child Health Program
- California Health and Safety Code Section 123475-123525, Comprehensive Perinatal Services Program
- California Welfare and Institutions Code section 14132-14134.5, Medi-Cal coverage of Comprehensive Perinatal Services
- California Health and Safety Code Section 104560-104569, Comprehensive Perinatal Patient/Client Education and Community Awareness Program
- California Health and Safety Code Section 123550-123610, Regional Perinatal Program Coordinators
- California Health and Safety Code Section 123650-123655, Fetal Infant Mortality Review
- California Health and Safety Code Section 123725-123745, Sudden Infant Death Syndrome
- Senate Bill (SB 165), Budget Act of 1989 (Alquist, Chapter 93, Statutes of 1988), Black Infant Health Program
- California Welfare and Institutions Code Section 14134.5
- California Health and Safety Code Sections 462 and 10253, Sudden Infant Death Syndrome
- Budget Act (Chapter 1, Statutes of 2009, Fourth Extraordinary Session), Elimination of State General Funds

Regulations

The following regulations apply to the MCAH Programs:

- U.S. Code of Regulations Title 42, The Public Health and Welfare, Chapter 7, Social Security, Subchapter V—Maternal and Child Health Services Block Grant
- California Code of Regulations, Title 22. Social Security, Division 3. Health Care Services, Subdivision 1. California Medical Assistance Program, Chapter 3. Health Care Services, Article 3. Standards for Participation, Section 51249. Application Process for Comprehensive Perinatal Providers
- California Code of Regulations, Title 17, Public Health, Division 1. State Department of Health Services, Chapter 3. Local Health Service, Subchapter 1. Standards for State Aid for Local Health Administration, Article 1. Organization, Section 1253. Public Health Nursing Staff
- Office of Management and Budget (OMB) Circular A-87
<http://www.whitehouse.gov/omb/circulars/a087/toc.html>

Annual Funding

Introduction

The CDPH MCAH Division allocates funds annually to support local MCAH Programs that are developed, operated, and managed by LHJs throughout California. There are 61 LHJs funded to accomplish the MCAH Program mission and goals.

Purpose

The purpose of the MCAH allocation is to:

- Ensure that each LHJ has the resources and leadership to carry out the core public health functions of assessment, policy development, assurance, and evaluation; and to incorporate the ten essential public health services into program administration to improve the health of their MCAH population.
- Assist the LHJs in providing leadership in planning, developing, and supporting comprehensive systems of preventive and primary care. This includes assessment of needs, coordination of effort at both state and local levels, and planning to assure that systems of care achieve the health objectives set by the state. In conjunction with the national health objectives, identify and incorporate best practices into MCAH activities.
- Strive to ensure that no person shall, on the grounds of mental or physical disability, age, religion, gender or gender orientation, race, color, ethnicity or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under this program.
- Ensure that public health nursing staff within the LHJ is responsible for promotion of maternal, child and adolescent health.

Funding Sources

Federal Title V MCH Block Grant Funds, State General Funds, Federal Title XIX Medicaid (Medi-Cal) Funds, and local government (county/city) funds are combined to support the program activities as defined in the SOW.

In determining allowable administrative costs, the basic principle is that duplicate payments are **not** allowable (see OMB Circular A-87). Payments for allowable Medi-Cal administrative activities under Title XIX must not duplicate payments that the Centers for Medicare and Medicaid Services believes have been, or should have been, included and paid as part of outpatient clinic rates, targeted case management services, part of a capitation rate, or through some other state or federal program. In no case should a program or claiming unit in a local jurisdiction be reimbursed more than the actual cost of that program or claiming unit, including state, local, and federal funds.

**Forecasting
Annual Budget**

To forecast an annual budget, each LHJ must establish a Scope of Work (SOW) for the fiscal year based on the identified needs and priorities of the jurisdiction, on their most recent Five-Year Needs Assessment and the state and federal MCAH objectives.

**Training and
Meetings**

Adequate funding for training and meeting expenses, including travel, must be built into the annual MCAH budget (refer to MACH Fiscal Policies and Procedures Manual, updated May 2009).

Understanding Title V

Introduction

The Federal Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) remains the only federal program that focuses solely on improving the health of all mothers and children. In California, Title V is a partnership between the Federal Maternal and Child Health Bureau (MCHB), the MCAH Division and the CMS Branch which authorizes appropriations to improve the health and well-being of mothers and children consistent with the state and national health status goals. The MCAH Division is located in the CDPH and CMS is located in the Department of Health Care Services (DHCS).

The Federal MCH Block Grant is authorized under Title V of the Social Security Act of 1935. CDPH MCAH Division and CMS Branch apply to the federal government annually to maintain the Title V Programs within the MCAH Division and CMS Branch.

Title V Focus

The focus of the Title V Grant is to improve the health of all mothers and children in the nation consistent with the applicable health status goals and National Health Objectives of Healthy People 2010. <http://www.healthypeople.gov/>

The Title V Grants allow each state to:

- Provide and assure access to quality MCH services for mothers and children, especially those with low income or limited availability to services; improve access to health care services for women, children and families; increase the number of children receiving comprehensive health assessments with follow up diagnostic and treatment services
- Provide rehabilitation services for blind and disabled individuals under the age of 16 years receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX
- Provide and promote family-centered, community-based, coordinated care, including care coordination services as defined in the legislation, for Children with Special Health Care Needs (CSHCN) and facilitate the development of community-based systems of service for such children and their families
- Reduce maternal and infant mortality and the incidence of preventable diseases and handicapping conditions among children; promote the health of mothers and infants by improving the quality and availability of prenatal, delivery and postpartum services; reduce the need for inpatient or long term health care services

- Promote preventive services for women, children and families through public education; collaborate with federal, state and local agencies to provide preventive services for families; implement safety measures to reduce safety hazards for children; increase public awareness of potential safety hazards; improve utilization of preventive measures to reduce the incidence of injuries to women and children; promote healthy lifestyle modalities and assist families to incorporate beneficial physical and mental health practices into their everyday lives

Title V Requirements

- Provide and promote preventive services for children that include violence and injury prevention and healthy lifestyle programs to reduce the incidence of personal risk and health problems
- Provide and promote preventive services for women of reproductive age that include pregnancy care, injury and violence prevention and healthy lifestyle programs to reduce the incidence of personal risk and health problems
- Every five years the MCAH Division must conduct a comprehensive statewide Needs Assessment
- Each fiscal year, the MCAH Division is required to submit a plan for meeting the needs identified by the statewide Needs Assessment
- Each fiscal year, the MCAH Division is required to submit a report of its activities under the Title V Grant to the federal government. This includes reporting on national and state performance measures, setting annual targets and reporting on progress toward meeting the identified goals and objectives

MCAH Division

Introduction

The MCAH Division, as a recipient of the Federal Title V MCH Block Grant, is required to complete a statewide Needs Assessment every five years. This is the first step in a cycle for continuous quality improvement of maternal, child and adolescent health. The 61 LHJs drive the process and thereby encompass all the variations across this large and diverse State. Based upon their Needs Assessment, the LHJ MCAH programs develop a local Five-Year MCAH Plan for their health jurisdiction.

Needs Assessment

The Five-Year Needs Assessment leads to the identification of the priorities for the State and for the LHJ. The MCAH Division requires that each LHJ perform a Needs Assessment and address their priority need(s) in their SOW. The Needs Assessment should be consistent with the national and State health objectives and address the preventive and primary care services for pregnant women, mothers, infants, children, adolescents and their families.

MCAH Division Priorities

Introduction

The CDPH MCAH Division utilizes a collaborative process with the LHJs, other State agencies and programs, health care providers, community groups, and health care consumers and families for assessing needs and for meeting its annual reporting requirements for the Title V Grant. The MCAH Division develops its priorities through this process.

Priorities 2006-2010

The MCAH Division has the following priorities:

1. Enhance preconception care and eliminate disparities in infant and maternal morbidity and mortality.

Some topics included under this area include:

- Preconception and interconception care
- Infant morbidity and mortality
- Disparities in infant morbidity and mortality
- Disparities in maternal morbidity and mortality

2. Promote healthy lifestyle practices among MCAH populations and reduce the percentage of overweight children and adolescents.

Some topics included under this area include:

- Promotion of healthy lifestyle practices
- Reduce the percentage of overweight children
- Reduce the percentage of overweight adolescents

3. Promote responsible sexual behavior to decrease the rate of teen pregnancy and sexually transmitted infections.

Some topics included under this area include:

- Promote responsible sexual behavior
- Decrease teen pregnancy
- Reduce teen Sexually Transmitted Infections (STIs)

4. Improve mental health and decrease substance use among children, adolescents and pregnant or parenting women.

Some topics included under this area include:

- Improve mental health for children and teens
- Decrease substance abuse in pregnant and/or parenting teens and women
- Educate families regarding the dangers of excess alcohol and/or drugs

5. Improve access to care and quality of health and dental services, including the reduction of disparities.

Some topics included under this area include:

- Improve access to medical care
- Improve access to dental care
- Reduce disparities in medical and dental care access

6. Decrease unintentional and intentional injuries and violence, including community, family, and intimate partner violence.

Some topics included under this area include:

- Decrease unintentional injuries
- Decrease intentional injuries
- Decrease family violence
- Decrease intimate partner violence

7. Increase breastfeeding initiation and duration.

Community and Public Health

As a focus of the Title V grant, all CDPH MCAH LHJs are encouraged to promote preventive health care services, healthy lifestyles, and violence and injury prevention for their local MCAH community by implementing programs designed to:

- Educate the public regarding preventive services, health promotion and access, taking into consideration the diversity of approaches needed to serve California's heterogeneous population
- Collaborate with other state, federal and local agencies to improve access to perinatal care and preventive health care services
- Inform low-income pregnant women, women of childbearing age, other target groups, and the agencies that provide services to them of the need for early and continuing prenatal care, the availability and sources of prenatal care and the Medi-Cal application process
- Promote healthy lifestyle practices, including education about nutrition, physical activity, breastfeeding, and dental health
- Promote public awareness regarding the nature of child and adolescent injuries and encourage safety measures to reduce safety hazards and the incidence of injuries
- Promote public awareness regarding child and adolescent violence and intimate partner violence and encourage safety measures to reduce the incidence of violence
- Incorporate beneficial physical and mental health practices into everyday life, including education regarding the dangers of substance use

Ten Essential Public Health Services

The Ten Essential Public Health Services were developed by the Centers for Disease Control and Prevention (CDC). They describe the public health activities that should be undertaken in all communities.

The 10 essential Public Health services include the following:

Assessment

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

Policy Development

3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

Assurance

6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

For more information, please refer to the CDC website:

<http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>.

Specialized Programs Under the MCAH Umbrella

Introduction

There are four specialized CDPH MCAH programs under the MCAH umbrella:

- Adolescent Family Life Program (AFLP)
- Black Infant Health (BIH) Program
- Fetal Infant Mortality Review (FIMR)
- Sudden Infant Death Syndrome (SIDS)

Components of Programs

Each specialized program has an assigned Nurse Consultant (NC) at the MCAH Division.

The MCAH, AFLP and BIH Programs require a separate budget, which is necessary to maintain specific program and budgetary mandates.

The FIMR and SIDS Programs receive specific allocations which are included in the local MCAH budget.

These specialized programs have a separate SOW, except SIDS, which is included as Objective 4 in the MCAH SOW.

MCAH Program SOW

Introduction

The MCAH SOW is part of the annual Agreement Funding Application (AFA), which is due every fiscal year on July 1, and is developed based on:

- LHJ needs and priorities identified in the Five-Year Needs Assessment
- State MCAH Program requirements and priorities
- Title V, Title XIX, and State requirements

The SOW is the mechanism by which the MCAH mission and goals are accomplished.

Structure of Program Narrative

The program narrative should describe the geography, demographics and cultural composition of the jurisdiction. It should include a description of programs implemented as a result of the Needs Assessment and the reasons for implementing these specific programs. Incorporated into the narrative should be a description of collaborative efforts with other agencies required for successful program implementation and alternate sources of funding utilized. The program narrative should be updated annually and submitted with the AFA package.

SOW Requirements

Each LHJ must have a SOW that includes:

- The MCAH Objectives 1 through 3 templates that are located within the MCAH SOW
- Objective 4 is a specific SIDS objective
- Objective 5, which is written by the LHJ, and describes the needs and priorities specific to the LHJ

The MCAH Division NC must approve the SOW and any changes to the SOW.

Structure of SOW

The MCAH SOW consists of 5 required objectives:

- Objectives 1-3 define implementation activities, timelines, and methods of evaluating outcomes. They form the infrastructure of the local MCAH program and are consistent for all 61 LHJs. Also defined are key personnel with specific professional qualifications and time commitment requirements.
- Objective 4 defines the SIDS activities which are consistent for all 61 LHJs
- Objective 5 is developed based on the identified needs and priorities of the LHJs as a result of their Five-Year Needs Assessment.

SOW Objectives

The SOW consists of the following 5 objectives:

Objective 1 explains the professional qualifications and time commitment requirements for the MCAH Director. It also details the responsibilities of the MCAH Director to implement, monitor, evaluate and modify the local MCAH Program. Emphasis is on community collaboration, infrastructure development, and provision of family-centered, culturally competent services to improve health outcomes for the MCAH population. The MCAH Director is also responsible for developing local policies and procedures, and coordinating and implementing all programs included in the MCAH allocation.

Objective 2 describes outreach, client education, community awareness and case finding activities that are the responsibility of the local MCAH program for the MCAH population.

- Client education and community awareness activities must include targeted activities to high risk MCAH populations to assist them in receiving early and continuous perinatal, infant and well child services
- The Title V requirement of a toll free or no cost telephone information service is included in this objective

Objective 3 describes the responsibility of the MCAH Director to provide skilled expertise for MCAH programs. The MCAH Director is responsible for ensuring the implementation and assessment of the Comprehensive Perinatal Services Program (CPSP), the perinatal needs of the LHJ, and appropriate documentation in the Annual Report. The Full Time Equivalent (FTE) requirement for the Perinatal Services Coordinator (PSC) position is strongly recommended but not required.

- This objective describes the responsibilities of the PSC, their professional qualifications, and time commitment requirements.
- The PSC implements the CPSP at the local level, in addition to evaluating the perinatal needs of the LHJ.

Objective 4 All LHJs receive a SIDS program allocation and are required to implement essential activities related to the SIDS program. Measurable outcome objectives have been developed as follows:

- Objective 4.1: Contact all parents/caregivers who experience a presumed SIDS death to provide grief and bereavement support services
- Objective 4.2: At least one public health professional to attend the State SIDS Annual Conference and/or other SIDS training(s).

- Objective 4.3: It is also strongly recommended that a local SIDS Objective 4.3 be developed to address an activity to promote SIDS risk reduction activities by providing risk reduction education and materials to the community

Objective 5 reflects the LHJ's priorities developed from its Needs Assessment. Every five years the LHJ uses the findings from their Needs Assessment to develop a local Five Year MCAH Plan consistent with the State MCAH and Title V Plan. Objective 5 should include one or more local objectives that the LHJ develops from its Five Year Needs Assessment.

Developing the SIDS Objective

The LHJ can use the following directions and guidelines to develop and write specific SIDS objective and activities for their agency.

Based upon the local Needs Assessment, the LHJ identifies issues related to SIDS. The LHJ will consider the number of SIDS deaths, and SIDS risks, in order to identify an objective to address local SIDS issues. The agency then develops a plan to address the LHJ's SIDS objective(s) by identifying implementation strategies and activities consistent with the MCAH Division and Title V goals and objectives.

These activities may include but are not limited to:

- Monitoring the number and trends in SIDS deaths
- Producing/reproducing SIDS educational materials
- Distributing SIDS educational materials within the community, especially to high risk populations
- Providing trainings and materials for those who interact with parents and caregivers following a death from SIDS, including
 - Hospital staff
 - Child care providers
 - Foster care providers
 - First responders
 - Coroner
- Attending local health fairs, conferences and other related events to provide SIDS prevention and risk reduction materials
- Attending the annual SIDS conference and/or Northern/Southern California Regional Council Meetings

The LHJ should establish monitoring criteria that enable the LHJ to evaluate and modify the program as needed to achieve the desired outcomes.

**Developing the
LHJ's Local
Objective(s)**

The LHJ should develop its local objective(s) based on the priorities it identifies from the results of its Five-Year Needs Assessment and State Title V priorities.

The LHJ reports local trends for the MCAH population and any population changes that impact the implementation of MCAH programs. The LHJ plans and modifies local plans and program implementation to improve maternal, child, adolescent and family health.

Objectives should be specific in identifying and describing local problems of the MCAH population identified during the LHJ Needs Assessment. The LHJ will determine the number of local problems that will be addressed in Objective 5 based on available resources.

The LHJ should develop a plan to address each objective, identify activities designed to accomplish the objective, and include a time frame for implementation and evaluation.

Each LHJ will develop and write their specific local objectives. The LHJs must list the implementation activities and/or intervention strategies and define the process or outcome measures that the LHJ will use to determine progress toward achieving the objectives during the fiscal year. The LHJ may consult with the Nurse Consultant (NC) assigned to the agency for assistance in establishing the SOW objectives. The LHJ should develop short term measurable objectives to evaluate progress toward long term goals that may encompass more than one fiscal year.

- Each implementation activity must have a method of measuring or evaluating the outcome as it relates to meeting the objective
- All implementation activities should be specific and measurable
- Timelines should conform to the fiscal year for which the allocation applies. The time frame for a particular objective or activity may be shorter than the fiscal year.

**Changes to the
SOW**

Proposed changes to the SOW must be submitted both in writing and electronically with all corresponding documents to the MCAH Division PC for review and approval. If there are fiscal implications, discuss the proposed changes with the NC and Contract Manager (CM) prior to submitting them for approval. The MCAH Division staff will respond in writing within 30 days after receiving all required documents and information.

Duty Statement Requirements

All personnel funded through the local MCAH budget are required to have duty statements, which describe those activities funded through the MCAH allocation or which relate directly to the MCAH program.

Duty statements for personnel identified in the budget shall be used as supporting documentation for the percent of time assigned to MCAH program activities and the level of Federal Financial Participation (FFP).

Duty statements must:

- Contain position titles that match those on the organizational chart, budget, and budget justification documents
- Reflect MCAH activities accurately
- Contain only those duties performed for the MCAH program or specific program duties
- Provide information regarding:
 - Targeted populations
 - Targeted geographic areas
 - Specific practice settings or functions

Duty statements for Skilled Professional Medical Personnel (SPMP) will note 'SPMP' at the top of the duty statement or along with the position title;

- LHJ job specifications must signify they require an SPMP skill level if enhanced funding match is claimed

Guidelines for Developing Duty Statements

The following information provides guidelines for developing the structure of duty statements:

- Budget Line
 - This may be one person or multiple persons on the budget
 - List each budget line number filling this position
- Name of the local health jurisdiction
- Name of the program, such as, MCAH program
- Name of the program position, such as, MCAH Director, Fiscal Officer
- Name of the LHJ position title and job specifications, such as, Public Health Nurse or Social Worker II
- There should be a statement describing the position's supervisory relationships
- Briefly summarize the main purpose and functions of the above identified position. For example: *The MCAH Director plans, organizes, controls and leads the MCAH program and oversees the FIMR program*
- If the position is a SPMP the following statement should be added *"This position must meet the criteria for SPMP"*

- List by the level of importance the position responsibilities/tasks
- Include the major responsibilities/tasks associated with the position. For an SPMP position, include language that reflects his/her duties as they relate to the FFP codes but **should not be the exact language verbatim**

The following provides general information for developing duty statements:

- Statements should be short, focused, concise and describe the activities to be performed accurately
- If a position has multiple personnel, it is not necessary to have separate or individual duty statements if the duties are the same
- Do not include personnel names on the duty statement
- SPMP duty statements should reflect the unique expertise required for these duties
- Enhanced FFP matching is only permissible for activities unique to the SPMP role and must reflect the specific knowledge and/or skills associated with the individual's qualifications
- Key personnel duty statements should be consistent with requirements stated in the MCAH Policies and Procedures Manual
- Duty statements should be reviewed annually and may change when assignments for the position change

Organizational Charts

Each LHJ must have an organizational chart for all MCAH programs and any special programs that receive MCAH Division funding.

Organizational charts and current Duty Statements for personnel identified on the local MCAH budget serve as supporting documentation for the percent of time assigned to local MCAH Program activities and the level of FFP match.

The organizational chart must:

- Identify the MCAH Program and its relation to other public services for women and children
- Illustrate the relationship of local MCAH positions and programs to the MCAH Director, the local health officer and overall agency
- Identify all staff positions funded with MCAH funds or involved in MCAH activities
- Match staff position titles with the duty statement titles
- List the budget line number and position title on the organizational chart for ease of identification with the positions in the budget and budget justification documents

Local Health Jurisdiction Requirements

Purpose of Funding Through the AFA process, the CDPH MCAH Division funds LHJs to carry out the core public health functions of assessment, policy development, assurance and evaluation to improve the health of the MCAH population.

Each LHJ receiving an MCAH allocation is required to address the selected goals and objectives contained in the SOW which was developed based on:

- CDPH MCAH Policies and Procedures
- LHJ's Five-Year Needs Assessment and identified priorities
- Local MCAH Plan
- Current Five-Year State MCAH Needs Assessment
- Annual Title V Block Grant Application and Report

LHJ Requirements Under the direction of the MCAH Director, the LHJ will:

- Develop policies and standards to implement activities designed to improve health outcomes for the MCAH population
- Develop collaborative relationships with agencies and/or community groups to develop an infrastructure within their jurisdiction capable of providing family-centered, culturally competent services
- Use core public health functions to assure that progress is made toward meeting the MCAH Program and LHJ priorities

MCAH SOW Requirements Each LHJ must have an approved SOW that is consistent with the MCAH Program template. Each submitted SOW should be appropriately indexed and include the agency name, agreement number, fiscal year and header and footer:

- Objectives 1-3 are standard and required of all LHJs
- Objective 4 is a specific SIDS objective and activities
- Objective 5 is designed to highlight the activities specific to the LHJ as prioritized from their Five-Year Needs Assessment

The LHJs must continue to implement activities designed to address the objectives identified in the SOW. Program activities should incorporate the following :

- Implementation activities and/or interventions and outcome measures to be utilized in determining progress toward achieving improvements in the identified areas
- A method to measure and evaluate outcomes which indicate progress toward meeting the objective

- A review of reports of local trends
- Timelines which allow for incremental assessments of progress toward annual or long term goals, reportable at the conclusion of each fiscal year

Documentation

Documentation of AFA and SOW changes and activities must be in writing and kept on file for audit purposes for three years from the date of final payment or later for open audits. (See MCAH Fiscal Policies and Procedures, Audit File Retention.) While participation in the MCAH Program does not authorize access to Personal Health Information (PHI), some LHJs will have access to such information by virtue of the County/City structure or with the permission of individual clients. LHJs are advised that any PHI stored at their agency must adhere to Health Insurance Portability and Accountability Act (HIPPA) of 1996 regulations.

Product/Publication Approval and Credit

Product/Publication Approval Publications, journal articles, reports, brochures, videos/DVDs, letters of interest or other materials that use CDPH MCAH allocation funds must be approved by the CDPH MCAH Program prior to publication and distribution. Any products currently in use which have not been approved by the CDPH MCAH Program must be approved prior to reprinting and further distribution.

The process for approval is as follows:

1. Submit the product either electronically or by hard copy to the CDPH MCAH State NC 60 days prior to publication or reprinting.
2. Include a cover letter explaining the purpose of the product and requesting approval.
3. The PC will review the product; provide feedback and approval/disapproval within 60 days.
4. Complete and submit a Form 7, "Annotations of Products Developed" with the Annual Report.

For further guidance, please refer to the MCAH Fiscal Administration Policy and Procedures Manual Fiscal Year 2009-10, pages 102-103.
<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-AdminFiscalPolicyProcedures-0910.doc>

Product/Publication Credit Local agencies that develop publications, products, journal articles, public reports, videos/DVDs, or publications using funds provided from State MCAH Division must acknowledge this support with a written statement printed on the materials. This statement must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of MCAH allocation. The written statement/credit should include:

- A statement identifying funding support on the title page of public reports or publications
- A statement identifying funding support on the first page of any journal articles

For example: "This project was supported by funds received from the California Department of Public Health, Maternal, Child and Adolescent Health Division."

Photographs Photographs used on all media products developed by LHJs require permission for the use intended. This permission may come from the source of the document and/or require the subject's written consent.

A photo consent form is posted in Appendix A. Submit all supporting documents with publication approval request. Any form including personal confidential information (PCI) must be security protected when sent for approval. Electronically transmitted PCI will be encrypted for security.

Photographs used from software clip art sites require the permission of the software company authorizing use of the photograph. The LHJ or Community Based Organization (CBO) will need to contact the software company/webmaster to request permission to use the photograph.

Reports

Unless specified otherwise, activities shall be documented in writing as part of the Annual Progress Report submitted to MCAH Division by August 15th.

Key Personnel

Policy

Each LHJ must have an MCAH Director who is approved by the CDPH MCAH Program. Approval is required for all changes to key personnel positions including the person assigned, time allocated to the program, duties, job specifications and organizational charts. A copy of the approval/waiver letter for the MCAH Director must be submitted annually with the AFA.

MCAH Director Requirements

The MCAH Director must be a qualified health professional, which is defined as follows:

- A physician who is board-certified or board-eligible in specialties of Obstetrics/Gynecology , Pediatrics, Family Practice or Preventive Medicine; or
- A non-physician who must be a certified public health nurse (PHN).

All MCAH Directors funded in whole or in part by the MCAH allocation will be the LHJ lead for the local MCAH program. The MCAH Director will dedicate a percentage of time or FTE to MCAH activities which complies with the following State MCAH Program guidelines for the population.

MCAH Directors Chart FTE

Total LHJ Population	FTE MCAH Director
3.5 million	2.0 Physicians
750,001-3.5 million	1.0 Physician
200,001-750,000	1.0 Public Health Nurse
75,001-200,000	0.75 Public Health Nurse
25,000-75,000	0.50 Public Health Nurse
<25,000	0.25 Public Health Nurse

The MCAH Director, in collaboration with the local health officer, has the general responsibility and authority to plan, implement, evaluate, coordinate and manage MCAH services within the LHJ.

MCAH Director Responsibilities

The MCAH Director's role as the manager of the local MCAH program is to direct the local program and ensure the performance of the core public health functions of assessment, policy development, assurance and evaluation. The core functions are discussed below:

Assessment

- Participate in MCAH Division sponsored training on data sources, data management, preparation of data for analysis, and the translation of data into information for program planning
- Monitor local health status indicators for pregnant women, infants, children, adolescents and their families using standardized data techniques for the purpose of identifying at-risk populations. Utilize this data to develop an understanding of health needs within the community, and identify barriers to the provision of health and human services for the MCAH population
- Identify health issues and interact with local health care providers, community informants, managed care plan providers, coalitions, etc., to enhance programs and improve outcomes

Policy Development

- Utilize the information gathered during assessments to develop and implement local policies and programs with measurable objectives
- Develop plans and direct resources consistent with program goals and objectives

Assurance

- Facilitate access to care and appropriate use of services. This may include, but not be limited to, recruitment of providers, patient/client outreach, education, community awareness, referral, transportation, childcare, translation services and care coordination
- Ensure the availability of a toll free or "no cost to the calling party" telephone system which provides a current list of culturally and linguistically appropriate information and referral to community health and human resources for the general public regarding access to prenatal care. The telephone number must be disseminated widely throughout the health jurisdiction by means of pamphlets, publications and media publicity. At a minimum, the toll free line must be operational during normal business hours and must be linguistically appropriate. Personnel staffing the toll free line should have cultural sensitivity training. After-hours messages must be answered by the end of the following business day
- Ensure implementation and coordination of local MCAH programs

- Coordinate all MCAH patient/client outreach, education, and community services provided by local, state and federal programs to prevent duplication of services and facilitate optimal use of resources
- Ensure hiring and orientation of key personnel, adhering to MCAH Program policies for personnel requirements
- Participate in quality assurance activities designed to improve community health indicators for women, children, adolescents and their families
- Attend MCAH Action meetings and other required trainings. Adequate funding for training and meeting expenses, including travel, must be built into the annual budget

Evaluation

- Based on activities of assessment, policy development and assurance;
 - Evaluate and modify program to ensure best practices are implemented
 - Include methods of measuring outcomes and evaluating progress toward achieving both State and local MCAH objectives in selected local priority activities
- Identify barriers/challenges to implementation activities
- Include the evaluation in the Annual Report to the MCAH Division
- Conduct a Needs Assessment within their community every five years

Perinatal Services Coordinator (PSC) Requirements

Based upon the local birth rate, each LHJ must have a PSC that meets the professional qualifications and time requirements displayed in the table below.

PSC Chart FTE

Total Number of Births in LHJ	FTE for PSC
100,000	2.0 SPMP
20,001-100,000	1.0 SPMP
5,001-20,000	0.75 SPMP
1,000-5,000	0.50 SPMP
<1,000	0.25 SPMP

PSC Responsibilities

The PSC, under the direction of the MCAH Director, will have the responsibility to:

- Serve as a liaison to local provider groups, community agencies and others to promote the coordination and accessibility of health care services for pregnant women and infants, particularly those who are Medi-Cal eligible and/or low income
- Assist in the recruitment and retention of Medi-Cal providers into the CPSP
- Assist providers to deliver CPSP services in accordance with Title 22 California Code of Regulations

Assessment

- Monitor trends in access and quality of prenatal care
- Identify geographic areas or population groups that have insufficient access to quality and timely prenatal care

Policy Development

- Report assessment findings and activities to the MCAH Director for incorporation into the LHJ's community profile and local MCAH plan to improve services
- Inform the perinatal community, including providers, managed care plans, and other health and human service providers about local status and trends of perinatal outcomes and their relationship to the yearly, local MCAH Plan. Educate the provider community, including managed care plan providers, and other health and human services providers about CPSP, the needs of the target population and sub-populations such as homeless, substance users, the migrant workers, etc.
- Collaborate with providers and other third party payers to extend comprehensive perinatal education to all pregnant women at or below 200% of poverty
- Participate in local planning, work groups, advisory committees, etc. (MCAH-related Collaboratives) to address unmet needs to provide access to prenatal care and CPSP services for all pregnant women
- Develop and implement continuous quality improvement programs for CPSP providers
- Promote, develop and coordinate professional and community resources

Assurance

- Process applications for eligible providers desiring to become approved CPSP providers
- Provide consultation and technical assistance to CPSP providers related to the provision of CPSP services
- Undertake quality assurance activities to address issues related to access and quality of perinatal care delivered by CPSP providers

- Assure comprehensive perinatal services to all Medi-Cal eligible women in both fee-for-service and capitated health systems
- Work with the perinatal community, including providers, Regional Perinatal Program Coordinators/Directors, managed care plan providers and other health and human service providers to reduce barriers to care, avoid duplication of services and improve communications
- Attend a new PSC orientation and a CPSP Annual Statewide meeting; and, if funds are available, a regional training

Evaluation

- Evaluate implemented activities to determine outcome and quality of services to the target population
- Report collected data and outcomes related to implemented activities to the MCAH Director

Local Health Jurisdiction Candidate Selection

After the LHJ management staff selects a candidate for the MCAH Director position who meets the professional qualifications and FTE requirements, the MCAH director or designated supervisor of the proposed appointee shall send a letter to the MCAH Division NC and CM requesting review and approval of the candidate for the position following these steps:

- Submit a letter within seven days of selecting a candidate for the position
- Include in the letter the candidate's qualifications, license number, proposed Full Time Equivalents (FTE) and effective start date
- Submit the candidate's resume
- Submit the position Duty Statement
- Submit a revised organizational chart

Prior to appointment of a candidate who does not meet the professional qualifications and/or FTE requirements for the MCAH Director position, the LHJ shall request and receive an approved MCAH Program waiver to the requirements as specified in the section below.

Key Personnel Waiver

The professional qualifications and FTE time requirements for the MCAH Director position is based on best practice evaluations and recommendations.

If the candidate does not meet the MCAH Program minimum professional qualifications and/or FTE requirements for key personnel, the LHJ shall request a waiver from State MCAH Program.

LHJs shall comply with these requirements for these key positions to maximize the potential for successful implementation strategies designed to meet the MCAH Division priorities. When the LHJ is unable to provide a candidate who meets the professional qualifications and/or FTE time requirements for either the MCAH Director, a waiver shall be requested from State MCAH Program.

Each LHJ requesting a waiver for the professional qualifications and/or FTE requirements for key personnel shall follow the steps in this process:

1. Submit the request for a waiver in writing on agency letterhead and signed by the agency director or designated supervisor of the proposed appointee. The request shall be submitted to the MCAH Division NC and CM.
2. Describe the reason(s) for the inability to hire an individual who meets the professional requirements for key personnel by addressing education, licensing and experience of the candidate.
3. Describe the reason(s) for the inability to meet the FTE requirement for the MCAH Director.
4. Submit a description of the candidate's qualifications along with a resume. Include an assessment of expectations for successful program implementation and support for the individual within the LHJ.
5. Submit a duty statement that reflects the roles and responsibilities of the position.
6. Submit an organizational chart from the local MCAH program and an agency interdepartmental organizational chart.
7. Submit a copy of the approved waiver with the AFA packet annually.

The State MCAH Program will consider each waiver request individually.

A waiver applies to a particular individual in a specific position. If the individual vacates the position or does not maintain the approved FTE, the waiver becomes void.

The MCAH Division will not reimburse an LHJ for the MCAH Director if the minimal professional qualifications and FTE time requirements are not met unless a waiver is on file with the MCAH Program.

Interim Plan

Each LHJ will notify the State MCAH Program of the resignation or proposed change in MCAH Director and submit a plan for the interim oversight of the program until a new director is identified and approved by the State MCAH Program. The individual designated as interim MCAH Director must, at a minimum, meet the position's minimal professional qualifications and waiver criteria.

The LHJ must submit its interim plan to the State MCAH Program within two weeks of notification of the Program Director's resignation. At a minimum the plan must include the title and name of the person that will assume contractual responsibility for the program, the responsibilities the individual will assume if different from the MCAH Director duty statement, the projected time frame of the interim personnel's tenure, and the LHJ's plan for permanently filling the position.

LHJs that do not hire an MCAH Director within 90 days of the position becoming vacant must provide written explanation detailing obstacles to recruitment strategies for filling the position within the projected time frame.